<u> </u>								U .						
. : 1								Application or Docket Number						
	PATENT A													
Effective October 1, 2000									09769466					
CLAIMS AS FILED - PART I								L EI	VTITY		OTHER	THAN		
70	OTAL CLAIMS	<del></del>				mn 2)	TYPE -			OR SMALL ENTITY				
			15				RAT		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	l	
TOTAL CHARGEABLE CLAIMS			15 minus 20=				X\$	9=	:	OR	X\$18=			
INDEPENDENT CLAIMS			_3 mi	กบร 3 =	' /		X40	<u> </u>		OR	X80=	-		
MULTIPLE DEPENDENT CLAIM PI			RESENT				 5=		1	. 270				
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	+270=	212		
CLAIMS AS AMENDED - PART II								AL	<u> </u>	OR	TOTAL	110		
4.	4-11-0 S (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL I			
A		CLAIMS REMAINING		HIGH NUM	IEST IBER	PRESENT			ADDI-			ADDI-	l	
<b>AMENDMENT</b>		AFTER AMENDMENT		PREVI		EXTRA	RA	E	TIONAL		RATE	TIONAL FEE		
	Total	. 97	Minus	: 0	20	-77	X\$ 9	<b>)</b> =		OR	x\$18≡	3857). W	F	
ME	Independent	. 13	Minus		3	=20	X40				380=	2600 <sup>A</sup>	6	
L	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL			T CLAIM			_		OR		2000.		
							+135			OR	+270=			
C	12 07						ADDIT.	TAL		OR	ADDIT. FEE			
占	12-05	(Column 1) CLAIMS	(82-17-4-17)	(Colun		(Column 3)	) <del></del>			• (				
100		REMAINING AFTER		NUM	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL		RATE	ADDI- TIONAL	ı	
AMENDMENT		AMENDMENT			FOR				FEE	<u> </u>		FEE		
	Total	• 47	Minus	- 7	<u>7                                    </u>	=	X\$ 9	<b>)=</b>		OR	X\$18=			
	Independent	NTATION OF MI	Minus	*** /	3 CCLAUM		X40	(I		OR	X80=			
<u> </u>	I mor Phese	THE STATE OF THE S			CLAIM	CLAIM		)= 		OR	+270=			
							. 10	TAL			YOYAL		l	
٦-	-10-06	(Column 1)		(Cal	ma 21	(Column 3)	ADDIT.	FEE	-	OR	ADDIT. FEE	<u></u>	1	
ပ	C. E. Y. W. N.	CLAIMS	STEEL N	HIGH				-1	ADDI-	·	<del></del>	ADDI-	l	
Ę	Y 19	REMAINING AFTER		PREVI	IBER OUSLY	PRESENT EXTRA	RAT	E	TIONAL		RATE	TIONAL		
	Total	AMENDMENT 7	Minus	PAID	FOR			$\dashv$	FEE			FEE	ł	
AMENDMENT	Independent	• /3	Minus	*** /	<u> </u>	=	X\$ 9			OR	X\$18=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40	_		OR	X80≖			
										OR	+270=		1	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE.														
	'il the "Highest Nur The "Highest Num	nber Previously Pr	ald For IN THE	S SPACE	is less tha	n 3. enter "3."	AUU11. 1	_	propriate box		ADDIT. FEE  lumn 1.			